

201 South Main Street, Suite 2100 Salt Lake City, UT 84111

HAND DELIVERED

August 24, 2006

Ms. Pamela Grubaugh-Littig
Permit Supervisor
Division of Oil, Gas & Mining
Utah Department of Natural Resources
1594 West North Temple - Suite 1210
P.O. Box 145801
Salt Lake City, Utah 84114-145801

RE: Certificates of Liability Insurance, Policy No. Des-Bee-Dove Mine C/015/017, Deer Creek Mine C/015/018, Cottonwood Mine C/015/019, Trail Mountain Mine C/015/009 Policy Period from 8-28-2006 to 8-28-2007; Folder #2, Emery County, Utah

Dear Pam:

Enclosed are replacement certificates of liability insurance for the referenced coal mine operations for the policy period of 8-28-2006 to 8-28-2007. Should you have any questions or need any additional information, please feel free to contact me at 801-220-4612.

Sincerely,

Scott M. Child

Manager, Lands & Regulatory Affairs

Scott M. Child by of.

Enclosures

SMC\EnergyWest\DOGM2006-05(certs).doc

cc: D.W. Jense, C. Pollastro - IMC w/copy encl.

D. Johnson, C. Semborski - EWMC w/copy encl.

N. Getzelman - PacifiCorp Energy Fuels Dept. w/copy encl

K. Reinhart - LCT 1800 w/copy

RECEIVED AUG 2 4 2006

DIV. OF OIL, GAS & MINING

CERTIFICATE OF LIABILITY INSURANCE
Issued to:
State of Utah
Department of Natural Resources
Division of Oil, Gas, and Mining

Treprost C/015/0017

THIS IS TO CERTIFY THAT:

Associated Electric & Gas Insurance Services Limited (Name of Insurance Company)

ARGUS Insurance Building, 12 Wesley St. P.O. Box BM 1064, Hamilton, Bermuda (Home Office Address of Insurance Company)

HAS ISSUED TO:

PacifiCorp (Successor in interest to Utah Power & Light)
(Name of Permittee)

DES/BEE/DOVE (Mine Name)

<u>C/015/017</u> (Permit Number)

CERTIFICATE OF INSURANCE:

(Policy Number)

8/28/06 to 8/28/07 (Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

- A. The DIVISION Shall require the PERMITTEE to submit as part of its permit application a certificate issued by an insurance company authorized to do business in the State of Utah certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operations for which the permit is sought. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any person's injury or property damage as a result of the surface coal mining and reclamation operations, including the use of explosives and who are entitled to compensation under the applicable provisions of state law. Minimum insurance coverage for bodily injury and property damage shall be \$300,000 for each occurrence and \$500,000 aggregate.
- B. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.

IN ACCORDANCE WITH THE ABOVE TERMS AND CONDITIONS, and the Utah Code Annotated 40-10-1 et seq., the Insurance Company hereby attests to the fact that coverage for said Permit Application is in accordance with the requirements of the State of Utah and agrees to notify the Division of Oil, Gas, and Mining in writing of any substantive changes, including cancellation, failure to renew, or other material change. No change shall be effective until at least thirty (30) days after such notice is received by the Division. Any change unauthorized by the Division is considered breach of the RECLAMATION AGREEMENT and the Division may pursue remedies thereunder.

UNDERWRITING AGENT:

Sandra A. Johnson, VP	201-508-2794
(Agent's Name)	(Phone)
AEGIS Insurance Services (Company Agent's Name)	
1 Meadowlands Plaza (Mailing Address)	East Rutherford, NJ 07073 (City, State, Zip Code)
company. (An Affidavit of Qualification must be co agent of officer).	n is true and complete to the best of his/her norized representative of the above-named insurance mpleted and attached to this form for each authorized of the above and attached to this form for each authorized of the above and attached to the above attached to
Signed and sworn before me by	~ +.
My commission Expires: (Date)	009

Hamilton, Bermuda

CERTIFICATE OF INSURANCE

(Excess Liability)

This Certificate is furnished to the Certificate Holder named below as a matter of information only. Neither this Certificate nor the issuance hereof modifies the policy of insurance identified below (the "Policy") in any manner. The Policy terms are solely as stated in the Policy or in any endorsement thereto. Any amendment, change or extension of the Policy can only be effected by a specific endorsement issued by the Company and attached to the Policy.

The undersigned hereby certifies that the Policy has been issued by Associated Electric & Gas Insurance Services Limited (the "Company") to the Named Insured Identified below for the coverage described and for the policy period specified.

Notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this Certificate may be issued or to which it may pertain, the insurance afforded by the Policy is subject to all of the terms of the Policy.

NAME OF INSURED:

PacifiCorp dba Pacific Power & Light and dba Utah Power & Light

PRINCIPAL ADDRESS:

825 NE Multnomah, #1800, Portland, Oregon 97232

POLICY NUMBER:

POLICY From: August 28, 2006 To:

PERIOD:

August 28, 2007

DESCRIPTION OF COVERAGE:

Claims-First-Made Excess Liability Policy covering claims for Bodily Injury,

Property Damage and Personal Injury arising from the operations described

LIMIT OF LIABILITY: \$ 20,000,000 per occurrence and in the aggregate, where applicable.

ADDITIONAL

The Certificate Holder is an additional Insured under the Policy but only:

INSURED:

(i) to such extent and for such Limits of Liability (subject always to the terms and Limits of Liability of the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under

the following contract: Des/Bee/Dove: C/015/017

and (ii) with respect to the following operations:

Damage due to the use of explosives and subsidence is covered. Insurance Company will

notify State of Utah of any changes or cancellation.

Should the Policy be cancelled, assigned or changed in a manner that is materially adverse to the Insured(s) under the Policy, the undersigned will endeavor to give 45 days advance written notice thereof to the Certificate Holder, but failure to give such notice will impose no obligation or liability of any kind upon the Company, the undereigned or any agent or representative of either.

DATE: August 18, 2006

ISSUED TO: The State of Utah, Dept. of Natural Resources

("Certificate Holder")

Division of Oil, Gas & Mining

1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801 ADDRESS:

AEGIS INSURANCE SERVICES, INC.

At Jersey City, New Jersey

AC	ORD. CERTIFICA	TE OF LIABIL	TY INSUE	EANCE	The state of the s	MM/DD/ 08/21/2	
In: 11: Su	n Risk Services, Inc. of Neb Services CA License # 213 Davenport ite 201	raska ¢0E16975	AND CONFERS CERTIFICATE	NO RIGHTS UPO DOES NOT AME!	AS A MATTER OF INFOI IN THE CERTIFICATE II ND, EXTEND OR ALTER E POLICIES BELOW.	OLDER.	
Omaha NE 68154 USA PHONE (402) 697-1400 PAX-(402) 697-1594			INSU	RERS AFFORDI	NG COVERAGE		NAIC#
INSUREE		<u> </u>	INSURER A AS	soc Electric &	Gas Ins Serv Ltd -	AEGIS	00152L
Pa	cificorp cificorp dba Pacific Power &	Light	INSURER B				
an	d dba Utah Power & Light 5 NE Multnomah, #1800	-	INSURER C	namen and the first of the firs			
	rtland OR 97232 USA		INSURER D				-
C-0316	RAGES	an an	INSURER E			SIR MA	V ApplV
THE P ANY I PERT/ AGGR	OLICIES OF INSURANCE LISTED BELOW F REQUIREMENT, TERM OR CONDITION OF NN, THE INSURANCE AFFORDED BY THE EGATE LIMITS SHOWN MAY HAVE BEEN	IAVE BEEN ISSUED TO THE INS ANY CONTRACT OR OTHER DO POLICIES DESCRIBED HEREIN	SURED NAMED ABO COMENT WITH RES IS SUBJECT TO ALL	VE FOR THE POLICY SPECT TO WHICH TH THE TERMS, EXCLU	PERIOD INDICATED. NOTW IIS CERTIFICATE MAY BE ISS ISIONS AND CONDITIONS OF	THSTAN	DING MAY
INSR AD	RD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MINDD/YY)	POLICY EXPIRATION DATE(MM(DD/YY)	LAM	(TS	
A	GENERAL LIABILITY		08/28/06	08/28/07	EACH OCCURRENCE	\$	2,000,000
-	CLAIMS MADE COCCUR				DAMAGE TO RENTED PREMISES (Ea occurence) NED EXP (Any one person)		
					PERSONAL & ADV DUURY		
					GENERAL AGGREGATE	Š	2,000,000
	GENTL AGGREGATE LIMIT APPLIES PER: POLICY PRO LOC				PRODUCTS - COMP/OF AGG	***************************************	
	AUTOMOBIEE CLABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)		
	ALL OWNED AUTOS SCHEDULED AUTOS		A description of the second of		BODILY INUERY (Per person)		
	HIRED AUTOS NON OWNED AUTOS		:		BODILY INIURY (Per accident)		
	######################################				PROPERTY DAMAGE (Per assidem)		
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT		
	ANY AUTO	100 miles			OTHER THAN BA ACC		
	EXCESS TUMBRELLA LIABILITY		08/28/06	08/28/07	AGG BACH OCCURRENCE	\$2	0,000,000
	OCCUR X CLAIMS MADE				AGGREGATE	52	0,000,000
	DEDUCTIBLE X RETENTION						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU OTH- TORY LIMITS ER E.L. EACH ACCIDENT		
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED?				EL DISEASE BA EMPLOYEE		
	If yes, describe under SPSCIAL PROVISIONS below				EL DISEASIS-POLICY LIMIT		
	отнек						
Damag any c	TION OF OPERATIONS LOCATIONS VEHICLES ES e due to the use of explosive hanges or cancellation. ES/BEE/DOVE: C/015/017	 CLUSIONS ADDED BY ENDORSEME es and subsidence is (L NT/SPECIAL PROVISIO Covered. Insu	NS rance Company	will notify the Sta	te of (Jtah of
CERT	IFICATE HOLDER State of Utah, Dept of Natur Resources, Division of Oil, 1594 W. North Temple, Ste. 1 Salt Lake City UT 84180-1203	al Gas & Mining	DATE THERROF, THE 45 DAYS WRITTEN NO	VBOVE DESCRIBED FOR ISSUING INSURER WIL INCE TO THE CERTIFIC	EL EACH ACCIDENT EL DISEASE-BA EMPLOYEE EL DISEASE-POLICY LIMIT WIll notify the Sta JCIES BE CANCELLED BEFORE T L ENDEAVOR TO MAIL. ATE HOLDER MANED TO THE LEF L GATION OR LIABILITY E OR REPRESULTATIVES.	HE EXPIRA T.	IJON
			AUTHORIZED REPRES	ENTATIVE La	foll		
ACO	RD 25 (2001/08)				ACORD COR	PORAT	30N 1988

CERTIFICATE OF LIABILITY INSURANCE
Issued to:
State of Utah
Department of Natural Resources
Division of Oil, Gas, and Mining

Liegroot C/ors/0018

THIS IS TO CERTIFY THAT:

Associated Electric & Gas Insurance Services Limited
(Name of Insurance Company)

ARGUS Insurance Building, 12 Wesley St. P.O. Box BM 1064, Hamilton, Bermuda (Home Office Address of Insurance Company)

HAS ISSUED TO:

PacifiCorp (Successor in Interest to Utah Power & Light)
(Name of Permittee)

DEER CREEK (Mine Name) <u>C/015/018</u> (Permit Number)

CERTIFICATE OF INSURANCE:

(Policy Number)

8/28/06 to 8/28/07 (Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

- A. The DIVISION Shall require the PERMITTEE to submit as part of its permit application a certificate issued by an insurance company authorized to do business in the State of Utah certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operations for which the permit is sought. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any person's injury or property damage as a result of the surface coal mining and reclamation operations, including the use of explosives and who are entitled to compensation under the applicable provisions of state law. Minimum insurance coverage for bodily injury and property damage shall be \$300,000 for each occurrence and \$500,000 aggregate.
- B. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.

IN ACCORDANCE WITH THE ABOVE TERMS AND CONDITIONS, and the Utah Code Annotated 40-10-1 et seq., the Insurance Company hereby attests to the fact that coverage for said Permit Application is in accordance with the requirements of the State of Utah and agrees to notify the Division of Oil, Gas, and Mining in writing of any substantive changes, including cancellation, failure to renew, or other material change. No change shall be effective until at least thirty (30) days after such notice is received by the Division. Any change unauthorized by the Division is considered breach of the RECLAMATION AGREEMENT and the Division may pursue remedies thereunder.

UNDERWRITING AGENT:	
Sandra A. Johnson, VP	201-508-2794
(Agent's Name)	(Phone)
AEGIS Insurance Services (Company Agent's Name)	
1 Meadowlands Plaza (Mailing Address)	East Rutherford, NJ 07073 (City, State, Zip Code)
The undersigned affirms that the above information knowledge and belief, and that he or she is an authocompany. (An Affidavit of Qualification must be comagent of officer).	rized representative of the above-named insurance upleted and attached to this form for each authorized
(Date, Signature and Title of Autho	zed Agent of Insurance Company)
Signed and sworn before me by	A Johnson
This day of flash, 2006 (Signal My commission Expires:	IVETTE BRITO INSTARY PUBLIC STATE OF NEW JERSEY MY COMMISSION EXPIRES JULY 20, 2009 ature)
(Date)	

Hamilton, Bermuda

CERTIFICATE OF INSURANCE

(Excess Liability)

This Certificate is furnished to the Certificate Holder named below as a matter of information only. Neither this Certificate nor the issuance hereof modifies the policy of insurance identified below (the "Policy") in any manner. The Policy terms are solely as stated in the Policy or in any endorsement thereto. Any amendment, change or extension of the Policy can only be effected by a specific endorsement issued by the Company and attached to the Policy.

The undersigned hereby certifies that the Policy has been issued by Associated Electric & Gas Insurance Services Limited (the "Company") to the Named Insured identified below for the coverage described and for the policy period specified.

Notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this Certificate may be issued or to which it may pertain, the insurance afforded by the Policy is subject to all of the terms of the Policy.

NAME OF INSURED:

PacifiCorp dba Pacific Power & Light and dba Utah Power & Light

PRINCIPAL ADDRESS:

825 NE Multnomah, #1800, Portland, Oregon 97232

POLICY NUMBER:

POLICY

From: August 28, 2006 To:

PERIOD:

August 28, 2007

DESCRIPTION OF COVERAGE:

Excess Liability Policy covering claims for Bodily Injury, Property Damage and

Personal Injury arising from the operations described below.

LIMIT OF LIABILITY: \$ 20,000,000 per occurrence and in the aggregate, where applicable.

ADDITIONAL

The Certificate Holder is an additional Insured under the Policy but only:

INSURED:

(i) to such extent and for such Limits of Liability (subject always to the terms and Limits of Liability of the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under

the following contract: Deer Creek: C/015/018

and (ii) with respect to the following operations:

Damage due to the use of explosives and subsidence is covered. Insurance Company will

notify State of Utah of any changes or cancellation.

Should the Policy be cancelled, assigned or changed in a manner that is materially adverse to the Insured(s) under the Policy, the undersigned will endeaver to give 45 days advance written notice thereof to the Certificate Holder, but failure to give such notice will impose no obligation or liability of any kind upon the Company, the undersigned or any agent or representative of either.

DATE: August 18, 2006

ISSUED TO: The State of Utah, Dept. of Natural Resources

("Certificate Holder")

Division of Oil, Gas & Mining

ADDRESS:

1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

AEGIS INSURANCE SERVICES, INC.

BY:

ACORD. CERTIFICATE OF LIABIL				(MM/DD/YYYY) 08/21/2006	1
RODUCER AON RISK Services, Inc. of Nebraska Insurance Services CA License #0E16975 11213 Davenport Suite 201	AND CONFERS	NO RIGHTS UPO DOES NOT AME	AS A MATTER OF INFO ON THE CERTIFICATE H ND, EXTEND OR ALTER E POLICIES BELOW.	OLDER, THIS	
omaha NE 68154 USA	inst	RERS AFFORDI	NG COVERAGE	NAIC	#
HONE (402) 697-1400 FAX (402) 697-1594 INSURED	INSURER A: AS	soc Electric	& Gas Ins Serv Utd	-AEGIS 00152	
Pacificorp Pacificorp dba Pacific Power & Light	INSURER D				
and dba Utah Power & Light 825 NE Multhomah, #1800	insurer c				
Portland OR 97232 USA	INSURER D				_
	INSURER E			CTD Max Are	
COVERAGES THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE I ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERE AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS	NSURED NAMED ABO DOCUMENT WITH RES IN IS SUBJECT TO ALL	VE FOR THE POLICY SPECT TO WHICH TH THE TERMS, EXCLI	FPERIOD INDICATED. NOTY HIS CERTHICATE MAY BE IS USIONS AND CONDITIONS OF	VITHSTANDING SUED OR MAY	
NSR ADD'L LTR INSRD TYPE OF INSURANCE POLICY NUMBER	POLICY EFFECTIVE DATE(MM\DD\YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIN	nrs	
A GENERAL LIABILITY	08/28/06	08/28/07	EACH OCCURRENCE	\$2,000,0	100
COMMERCIAL GENERAL LIABILITY			DAMAGE TO RENTED PREMISES (Es occurence) MED EXP (Anyone person)		
CLAIMS MADE OCCUR			PERSONAL & ADV INJURY		1
			GENERAL AGGREGATE	\$2,000,0	200
GENL AGGREGATE LIMIT APPLIES PER			PRODUCTS - COMP/OP AGG		7
POLICY PRO LOC				***************************************	
AUTOMOBILE LIABILITY ANY AUTO			COMBINED SINGLE LIMIT (Ea accident)		
ALL OWNED AUTOS SCHEDULED AUTOS		interpretation of the control of the	BODILY INJURY (Per person)		
MIRED AUTOS NON OWNED AUTOS			BODILY INJURY (Per assident)		_
		-	PROPERTY DAMAGE (Per strident)		_
GARAGE LIABILITY			AUTO ONLY - EA ACCIDENT		_
ANY AUTO		***************************************	OTHER THAN EA ACC		-
A EXCESS/UMBRELLA LIABILITY	08/28/06	08/28/07	EACH OCCURRENCE	\$20,000,	500
OCCUR X CLAIMS MADE	***************************************		AGGREGATE	\$20,000,	900
	mbinish december				-
DEDUCTIBLE X RETENTION					-
			WC STATU- OTH-		-
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			EL BACH ACCIDENT		
ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICERMEMBER EXCLUDED?			E.L. DISBASE-RA EMPLOYEE		
If yes, describe under SPECIAL PROVISIONS below			IF I. DISEASE-POLICY LIMIT		
OTHER				<u></u>	
	e e e e e e e e e e e e e e e e e e e				
DESCRIPTION OF OPERATIONS LOCATIONS APPRICLES/EXCLUSIONS ADDED BY ENDORSE Damage due to the use of explosives and subsidence is any changes or cancellation. Re: peer Creek: C/015/018	MENTSPECIAL PROVISIONS COVERED INSU	ns irance Company	will notify the St	ate of Utah o	f
	CANCELLATIO			4.0	= :
state of Utah, Dept of Natural Resources, Division of Oil, Gas & Mining 1594 W. North Temple, Ste. 1210 Salt Lake City UT 84180-1203 USA	SHOULD ANY OF THE DATE THEREOF, THE 45 DAYS WRITTEN NO BUIL FAILURE TO TO S OF ANY KIND UFON T	ABOVE DESCRIBED PO ISSUING INSURER WI VICE TO THE CERTIFIC O SHALL IMPOSE NO C HE INSURIER ITS AGEN	LICIES BE CANCELLED BEFORE LE ENDEAVOR TO MAIL ATE HOLDER NAMED TO THE LI BLIGATION OR LIABILITY ITS OF KERRESON AVES	the expiration eft.	
- ಅಭಿಕರ್ಣದಲ್ಲಿ ಕೊಡಲಿಯ ನಿರ್ವಹಣೆಗಳು ಸಂಸ್ಥೆ ಕ್ರೀ ಸಿನಿಸಿಗಳು ಕಡೆಗಳು ನಿರ್ವಹಣೆಗಳು	AUTHORIZED REPRE	1	1 Heller		
			LU JARRET	RPORATION	

CERTIFICATE OF LIABILITY INSURANCE Issued to: State of Utah **Department of Natural Resources**

Frencos Closs 10019 Division of Oil, Gas, and Mining

THIS IS TO CERTIFY THAT:

Associated Electric & Gas Insurance Services Limited (Name of Insurance Company)

ARGUS Insurance Building, 12 Wesley St. P.O. Box BM 1064, Hamilton, Bermuda (Home Office Address of Insurance Company)

HAS ISSUED TO:

PacifiCorp (Successor in interest to Utah Power & Light) (Name of Permittee)

COTTONWOOD/WILBERG (Mine Name)

C/015/019 (Permit Number)

CERTIFICATE OF INSURANCE:

(Policy Number)

8/28/06 to 8/28/07_ (Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

- The DIVISION Shall require the PERMITTEE to submit as part of its permit application a A. certificate issued by an insurance company authorized to do business in the State of Utah certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operations for which the permit is sought. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any person's injury or property damage as a result of the surface coal mining and reclamation operations, including the use of explosives and who are entitled to compensation under the applicable provisions of state law. Minimum insurance coverage for bodily injury and property damage shall be \$300,000 for each occurrence and \$500,000 aggregate.
- В. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.

IN ACCORDANCE WITH THE ABOVE TERMS AND CONDITIONS, and the Utah Code Annotated 40-10-1 et seq., the Insurance Company hereby attests to the fact that coverage for said Permit Application is in accordance with the requirements of the State of Utah and agrees to notify the Division of Oil, Gas, and Mining in writing of any substantive changes, including cancellation, failure to renew, or other material change. No change shall be effective until at least thirty (30) days after such notice is received by the Division. Any change unauthorized by the Division is considered breach of the RECLAMATION AGREEMENT and the Division may pursue remedies thereunder.

UNDER	WRITING	AGENT
--------------	---------	--------------

Sandra A. Johnson, VP
(Agent's Name)

201-508-2794

(Phone)

AEGIS Insurance Services (Company Agent's Name)

1 Meadowlands Plaza (Mailing Address)

East Rutherford, NJ 07073 (City, State, Zip Code)

The undersigned affirms that the above information is true and complete to the best of his/her knowledge and belief, and that he or she is an authorized representative of the above-named insurance company. (An Affidavit of Qualification must be completed and attached to this form for each authorized agent of officer).

(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by

Oro 1110 by _____

500

This 2200

day of August

IVETTE BRITO
NOTARY PUBLIC
STATE OF NEW JERSEY

STATE OF NEW JERSEY

(Signature)

My commission Expires:

120,2009

Hamilton, Bermuda

CERTIFICATE OF INSURANCE

(Excess Liability)

This Certificate is furnished to the Certificate Holder named below as a matter of information only. Neither this Certificate nor the issuance hereof modifies the policy of insurance identified below (the "Policy") in any manner. The Policy terms are solely as stated in the Policy or in any endorsement thereto. Any amendment, change or extension of the Policy can only be effected by a specific endorsement issued by the Company and attached to the Policy.

The undersigned hereby certifies that the Policy has been issued by Associated Electric & Gas Insurance Services Limited (the "Company") to the Named Insured identified below for the coverage described and for the policy period specified.

Notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this Certificate may be issued or to which it may pertain, the insurance afforded by the Policy is subject to all of the terms of the Policy.

NAME OF INSURED:

PacifiCorp dba Pacific Power & Light and dba Utah Power & Light

PRINCIPAL ADDRESS:

825 NE Multnomah, #1800, Portland, Oregon 97232

POLICY NUMBER:

POLICY From

From: August 28, 2006 To: August 28, 2007

DESCRIPTION OF COVERAGE:

Excess Liability Policy covering claims for Bodily Injury, Property Damage and

Personal Injury arising from the operations described below.

LIMIT OF LIABILITY: \$ 20,000,000 per occurrence and in the aggregate, where applicable.

ADDITIONAL

The Certificate Holder is an additional Insured under the Policy but only:

INSURED:

(i) to such extent and for such Limits of Liability (subject always to the terms and Limits of Liability of the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under

the following contract:

Cottonwood/Wilberg: C/015/019

and (ii) with respect to the following operations:

Damage due to the use of explosives and subsidence is covered. Insurance Company will

notify State of Utah of any changes or cancellation.

Should the Policy be cancelled, assigned or changed in a manner that is materially adverse to the Insured(s) under the Policy, the undersigned will endeaver to give 45 days advance written notice thereof to the Certificate Holder, but failure to give such notice will impose no obligation or liability of any kind upon the Company, the undersigned or any agent or representative of either.

DATE: August 18, 2006

ISSUED TO: The State of Utah, Dept. of Natural Resources

("Certificate Holder")

Division of Oil, Gas & Mining

ADDRESS: 1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

AEGIS INSURANCE SERVICES, INC.

BY:

At Jersey City New Jersey

DATE (MM/DD/YYYY)

08/21/2006

CERTIFICATE OF LIABILITY INSURANCE

ACORD.

CERTIFICATE OF LIABILITY INSURANCE Issued to: State of Utah Department of Natural Resources Division of Oil, Gas, and Mining

Treprost C/016/0009

THIS IS TO CERTIFY THAT:

Associated Electric & Gas Insurance Services Limited
(Name of Insurance Company)

ARGUS Insurance Building, 12 Wesley St. P.O. Box BM 1064, Hamilton, Bermuda (Home Office Address of Insurance Company)

HAS ISSUED TO:

PacifiCorp (Successor in interest to Utah Power & Light)
(Name of Permittee)

TRAIL MOUNTAIN MINE (Mine Name)

<u>C/015/009</u> (Permit Number)

CERTIFICATE OF INSURANCE:

(Policy Number)

8/28/06 to 8/28/07 (Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

- A. The DIVISION Shall require the PERMITTEE to submit as part of its permit application a certificate issued by an insurance company authorized to do business in the State of Utah certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operations for which the permit is sought. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any person's injury or property damage as a result of the surface coal mining and reclamation operations, including the use of explosives and who are entitled to compensation under the applicable provisions of state law. Minimum insurance coverage for bodily injury and property damage shall be \$300,000 for each occurrence and \$500,000 aggregate.
- B. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.

IN ACCORDANCE WITH THE ABOVE TERMS AND CONDITIONS, and the Utah Code Annotated 40-10-1 et seq., the Insurance Company hereby attests to the fact that coverage for said Permit Application is in accordance with the requirements of the State of Utah and agrees to notify the Division of Oil, Gas, and Mining in writing of any substantive changes, including cancellation, failure to renew, or other material change. No change shall be effective until at least thirty (30) days after such notice is received by the Division. Any change unauthorized by the Division is considered breach of the RECLAMATION AGREEMENT and the Division may pursue remedies thereunder.

L	J١	4D	EF	۲W	R	ITI	NG	Α	G	Ε	N	IT	
---	----	----	----	----	---	-----	----	---	---	---	---	----	--

Sandra A. Johnson, VP

(Agent's Name)

201-508-2794

(Phone)

AEGIS Insurance Services
(Company Agent's Name)

1 Meadowlands Plaza (Mailing Address)

East Rutherford, NJ 07073 (City, State, Zip Code)

The undersigned affirms that the above information is true and complete to the best of his/her knowledge and belief, and that he or she is an authorized representative of the above-named insurance company. (An Affidavit of Qualification must be completed and attached to this form for each authorized agent of officer).

(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by

U 160 V

2006

IVETTE BRITO NOTARY PUBLIC STATE OF NEW JERSEY

STATE OF NEW JERSEY
MY COMMISSION EXPIRES JULY 20, 2009

(Signature)

My commission Expires:

10/4 20, 200° (Date)

Hamilton, Bermuda

CERTIFICATE OF INSURANCE

(Excess Liability)

This Certificate is furnished to the Certificate Holder named below as a matter of information only. Neither this Certificate nor the issuance hereof modifies the policy of insurance identified below (the "Policy") in any manner. The Policy terms are solely as stated in the Policy or in any endorsement thereto. Any amendment, change or extension of the Policy can only be effected by a specific endorsement issued by the Company and attached to the Policy.

The undersigned hereby certifies that the Policy has been issued by Associated Electric & Gas Insurance Services Limited (the "Company") to the Named Insured Identified below for the coverage described and for the policy period specified.

Notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this Certificate may be issued or to which it may pertain, the insurance afforded by the Policy is subject to all of the terms of the Policy.

NAME OF INSURED:

PacifiCorp dba Pacific Power & Light and dba Utah Power & Light

PRINCIPAL ADDRESS:

825 NE Multnomah, #1800, Portland, Oregon 97232

POLICY NUMBER:

POLICY From: August 28, 2006 PERIOD: To: August 28, 2007

DESCRIPTION OF COVERAGE:

Excess Liability Policy covering claims for Bodily Injury, Property Damage and

Personal Injury arising from the operations described below.

LIMIT OF LIABILITY: \$ 20,000,000 per occurrence and in the aggregate, where applicable.

ADDITIONAL

The Certificate Holder is an additional Insured under the Policy but only:

INSURED:

(i) to such extent and for such Limits of Liability (subject always to the terms and Limits of Liability of the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under

the following contract:

Trail Mountain Mine: C/015/009

and (ii) with respect to the following operations:

Damage due to the use of explosives and subsidence is covered. Insurance Company will

notify State of Utah of any changes or cancellation.

Should the Policy be cancelled, assigned or changed in a manner that is materially adverse to the Insured(s) under the Policy, the undersigned will endeaver to give 45 days advance written notice thereof to the Certificate Holder, but fallure to give such notice will impose no obligation or liability of any kind upon the Company, the undersigned or any agent or representative of pither.

DATE: August 18, 2006

ISSUED TO: The State of Utah, Dept. of Natural Resources

("Certificate Holder")

Division of Oil, Gas & Mining

ADDRESS: 1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

AEGIS INSURANCE SERVICES, INC.

BY:

At Jersey Off. New Jerse

- 1	
- 4	ı

	1
- 3	
3	
-	L
3	-
- 1	-
- 4	2332000
***	-
- 4	THE PERSON NAMED IN
1	
ii)	100
	40
- 3	
3	
- 1	1000
- 3	Same.
**	7
- 1	-
- 4	
- 1	200
- 4	200
- 8	
- 1	70,000
- 3	
- 1	3500 5700

- 19	
- 8	00000000000000000000000000000000000000
- 4	100
- 3	7.300 m
- 4	
- 3	
- 4	700000000
- 1	No.
3	
1	-
	100
383	A CONTRACTOR OF THE PARTY OF TH
-18	280 520
V.17	2.00
- 3	OF THE
- 1	
- 3	
- 1	
- 1	
- 4	Marie Marie
- 1	200
- 4	200
- 3	
- 1	
32	100000
13	
- 1	200
1	THE STREET
- 1	
. 1	200 SCX
	222
7	And the same
٥l	200
C L	ALC: UNITED STATES

ACORD. CERTIFICATE OF L	iabil ity f isu	RANCE	DATE	(MM/DD/\ 08/21/2	
PROBUCER AON Risk Services, Inc. of Nebraska Insurance Services CA License #0E16975 11213 Davenport Suite 201	AND CONFER CERTIFICATE	S NO RIGHTS UPO EDOES NOT AME	AS A MATTER OF INFO ON THE CERTIFICATE I NO, EXTEND OR ALTER E POLICIES BELOW.	IOLDER.	
Omaha NE 68154 USA	INS	URERS AFFORDI	NG COVERAGE		NAIC#
PHONE (402) 697-1400 FAX-(402) 697-11 INSURED		ssoc Electric	& Gas Ins Serv Ltd	-AEGIS	00152L
Pacificorp Pacificorp dba Pacific Power & Light	INSURER B				
and dba Utah Power & Light 825 NE Multnomah, #1800	INSURER C:				
Portland OR 97232 USA	INSURER D				
COMERAGES	insurer e			CTD NO	
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSULANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRAGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PA	ED TO THE INSURED NAMED ABO OR OTHER DOCUMENT WITH RE IBED HERBIN IS SUBJECT TO ALI	OVE FOR THE POLICE SPECT TO WHICH TO	Y PERIOD INDICATED: NOT IIS CERTIFICATE MAY BE IS	VITHSTANI SULD OR 1	DING JAY
INSR ADD'I. LTR INSRD TYPE OF INSURANCE FÓLICY N	MBER POLICY EFFECTIVE DATE(MM)DD(VY)	POLICY EXPIRATION DATE(MM:DD:YY)	LIN	IITS	
A GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X CLAIMS MADE OCCUR	08/28/06	08/28/07	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (E4 occurrence) MED EXP (Any one person)	. \$2	,000,000
			PERSONAL & ADVINURY		
			GENERAL AGGREGATE	\$2	,000,000
GENT AGGREGATE LIMIT APPLIES PER: POLICY PROBLET LOC		· ·	PRODUCTS - COMP/OP AGG		
AUTOMOBILE LIABILITY ANY AUTO			COMBINED SINGLE LIMIT (Fa accident)		
ALL OWNED AUTOS SCHEDULED AUTOS	Single Control of Cont		BODILÝ INIURÝ (Per person)		
HIRED AUTOS NON OWNED AUTOS		:	BODILY INURY (Perazzides)		
			PROPERTY DAMAGE (Per socident)		
GARAGE LIABILITY			AUTO ONLY - EA ACCIDENT		
ANY AUTO			OTHER THAN EAACC		
A EXCESS UMBRELLA LIABILITY	08/28/06	08/28/07	AGG EACH OCCURRENCE	\$20	,000,000
OCCUR X CLAIMS MADE			AGGREGATE	\$20	,000,000
DEDUCTIBLE X RETENTION		ignarian			
WORKERS COMPENSATION AND EMPLOYER'S ELABILITY			WC STATU- OTH- TORY LIMITS FR EL-EACH ACCIDENT		
ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED?		·	B.L. DISEASE-BA BMPLOYRE		
Myo, describe under SPECIAL PROVISIONS below			B.L. DISEASE-POLICY LIMIT		
OTHER					
DESCRIPTION OF OPERATIONS/LOCATIONS/ABRICLES/EXCLUSIONS ADORED DAMAGE due to the use of explosives and subside any changes or cancellation. Re: Trail Mountain Mine: C/015/009	lence is covered. Insu	rance Company	will notify the Sta		tah of
CERTIFICATE HOLDER State of Utah, Dept of Natural Resources, Division of Oil, Gas & Mining 1594 W. North Temple, Ste. 1210 Salt Lake City UT 84180-1203 USA	BUT FAILURE TO TO	ABOVE DESCRIBED FOI ISSUING INSURER WILL TICE TO THE CERTIFIC	ICIES DE CANCELLED REFORE T ENDICAVOR TO MAD TE HOLDER NAMED TO THE LEI LICATION OR LIABIL IT! FOR REPRESENTATIVIS	HE EXPIRAT	
			• 11 -		